

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	JASMONATE DERIVATIVE COMPOUNDS, PHARMACEUTICALS COMPOUNDS AND METHODS OF USE THEREOF
Attorney Docket Number::	FLESCHER1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel

Status::	Full Capacity
Given Name::	Eliezer
Middle Name::	
Family Name::	FLESCHER
Name Suffix::	
City of Residence::	Hod Hasharon
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	6 Hageula St.
City of Mailing Address::	Hod Hasharon
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	45272
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Yoel
Middle Name::	
Family Name::	KASHMAN
Name Suffix::	
City of Residence::	Tel Aviv
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	46 Binyamin Metudela Street
City of Mailing Address::	Tel Aviv
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	69548
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Dorit
Middle Name::	

Family Name:: REISCHER
Name Suffix::
City of Residence:: Ra-anana
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 17 Ben Gurion Street
City of Mailing Address:: Ra-anana
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 43360
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Shiri

Middle Name::
Family Name:: SHIMONY
Name Suffix::
City of Residence:: Tel Aviv
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 30 Beit Zuri Street
City of Mailing Address:: Tel Aviv
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 69122

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/001098	12-01-04

PCT/IL04/001098

Appln claiming benefit of 35 USC 119(e)

60/526,081

12-02-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::	RAMOT AT TEL-AVIV UNIVERSITY LTD.
Street of Mailing Address::	P.O. Box 39296, 32 Haim Levanon St.
City of Mailing Address::	Tel Aviv
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	61392